

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Signature

Appl No. : 10/040,932 Confirmation No. 3793  
Applicant : Kristine B. Fuimaono, et al.  
Filed : December 31, 2001  
Title : CATHETER HAVING MULTIPLE SPINES EACH HAVING ELECTRICAL  
MAPPING AND LOCATION SENSING CAPABILITIES  
TC/A.U. : 3739  
Examiner : Lee S. Cohen  
Docket No. : 39582/KMO/W112  
Customer No. : 23363

## REQUEST FOR WITHDRAWAL OF NOTICE OF ABANDONMENT

Mail Stop Issue Fee  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450


Post Office Box 7068  
Pasadena, CA 91109-7068  
January 20, 2004

Commissioner:

Pursuant to the Examiner's telephonic instructions of February 17, 2004, Applicant resubmits the enclosed Amendment previously filed in response to the Office action of June 9, 2003. The Amendment includes a certificate of mailing certifying that the Amendment was mailed on October 9, 2003. Also enclosed is a copy of the return postcard dated October 9, 2003 showing the USPTO's acknowledgement of receipt of the Amendment on October 14, 2003.

Since Applicant submitted and the PTO acknowledged receipt of the Amendment in response to the Office action of June 9, 2003 before the statutory deadline of December 9, 2003, Applicant respectfully requests that the notice of abandonment of the application be withdrawn and that the enclosed Amendment be considered.

Respectfully submitted,  
CHRISTIE, PARKER & HALE, LLP

By   
Rodney V. Warfford  
Reg. No. 51,304  
626/795-9900

RVW/llk  
RVW PASS51556.1-7-02/23/04 11:12 AM

## PLEASE SIGN AND RETURN TO ACKNOWLEDGE RECEIPT

Title CATHETER HAVING MULTIPLE SPINES  
EACH HAVING ELECTRICAL MAPPING AND LOCATION  
SENDING CAPABILITIES

Ser/REG No: 10/040,932

Filed/ISSUED : December 31, 2001

Assigned Enclosed (List Assignee)

Client ID W112

Case No 39582

Atty/Sec RYM/clv

Date Mailed Oct. 9, 2003

Date Due Oct. 9, 2003

Cert of Mailing Yes

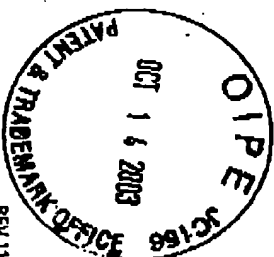
Express Mail No.

Checked by: 

DOCUMENT TITLE:  
(List enclosures)

Amendment Transmittal; Amendment;  
Supplemental IDS; Form PTO/SB/OBA/B;  
(5) Cited References; Req. Ext of Time  
and Checks for \$180 and \$110.

ACKNOWLEDGE HERE



REV 1183 FORM P2

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